

PRINTED: 04/02/2015  
FORM APPROVED

## Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN8901	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  03/30/2015
NAME OF PROVIDER OR SUPPLIER  NHC HEALTHCARE, MCMINNVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 928 OLD SMITHVILLE RD MC MINNVILLE, TN 37110		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p> <p>This Rule is not met as evidenced by: Based on observations, it was determined the facility failed to comply with applicable building and fire code regulations.</p> <p>The findings included:</p> <p>1. Observation on 3/30/2015 at 10:29 a.m., revealed the fire rated tag on the door frame was painted over. NFPA 101, 8.3.3.2.3, 2012 Edition.</p> <p>2. Observation on 3/30/2015 at 11:12 a.m., revealed ceiling tile penetrations around the sprinkler in the following resident room closets: 104, 117, 120, 122, 124, 125, 129, and 128. NFPA 101, 8.5.6.2, 2012 Edition.</p> <p>These findings were verified by the maintenance director and acknowledge by the administrator during the exit conference on 3/30/2015.</p>	N 901	<p><u>N901</u></p> <p>What corrective action(s) will be accomplished for those area(s) found to have been affected by the deficient practice? The Maintenance Supervisor removed the paint from the fire rate tag on 4/10/15. Maintenance Supervisor and Assistant repaired the ceiling tile penetrations around the sprinkler in the patient closets in rooms 104, 117, 120, 122, 124, 125, 129, and 128 to be completed by 5/15/15.</p> <p>How will you identify other area(s) having the potential to be affected by the same deficient practice and what corrective action will be taken? Maintenance Director and Assistant did a 100% check of all sprinkler heads and fire rate tags in the building on 3/30/15. No other areas noted.</p> <p>What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur? The Maintenance Director and Supervisor will check all fire rate tags after any additional painting in the center. The Maintenance Director and Supervisor will check all sprinkler heads for ceiling tile penetrations during regular preventative maintenance checks and make repairs when needed.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur? Maintenance Supervisor and Assistant will conduct a QA Monitor on ceiling tile penetrations around sprinkler heads monthly for three months and then quarterly for nine months to ensure substantial compliance. QA Monitor results will be reported to the QA Committee consisting of the Administrator, Director of Nursing, Medical Director, Health Information and Assistant Director of Nursing. QA Monitor will continue as directed by the Quality Assurance Committee.</p> <p>Completed</p>	5/15/15.

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

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If continuation sheet 1 of 1